DOCUMENT RESUME

ED 207 285 EC 140 021

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TITLE	Child Abuse and Neglect Curriculum in Schools.
INSTITUTION	Education Commission of the States, Denver, Colo. Child Abuse and Neglect Project.
SPONS AGENCY	National Center on Child Abuse and Neglect (DHHS/OHDS), Washington, D.C.
REPORT NO	DHHS-OHD-81-30318
PUB DATE	Jun 81
GRANT	90-C-1726
NOTE	37p.
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Child Abuse; *Child Neglect; *Cultural Differences; Curriculum Design; Elementary Secondary Education; Higher Education; *Practicums; *Teacher Education; *Teacher Role

ABSTRACT

The booklet presents a recommended course outline for a course in child abuse and neglect in schools of education. The course may be adapted to a semester or quarter schedule and be used whole or in part. An introduction gives a rationale for inclusion of child abuse and neglect curriculum in teacher training programs. The course is divided into four major sections (sample subtopics in parentheses): nature of abuse and neglect (historical overview, forms, and origin and psychodynamic bases); educators' role (role of educators in identification and reporting, state child protection statutes, and interagency communication and cooperation); cross cultural aspects (nature of cultural differences, interracial dynamics and concepts, and child rearing practices among different ethnic groups); and practicum experience. Numbers following curriculum section topics correspond with readings in the respective reference section. (DB)

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Child Abuse and Neglect Curriculum in Schools

ED207285

EC140021

Acknowledgment

The Education Commission of the States' National Center for Educators in Child Welfare would like to acknowledge the invaluable assistance of Diane Broadhurst, Education Consultant, Oralie McAfee, Associate Professor of Education, Metropolitan State College, and Leverne McCummings, Dean, School of Social Work, University of Denver, in the preparation of this work. The staff appreciates the editorial assistance of Wilferd Samuels, Assistant Professor of English, University of Colorado.

This publication was made possible by Grant No. 90-C-1726 from the National Center on Child Abuse and Neglect, Children's Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. Its contents should not be construed as official policy of the National Center on Child Abuse and Neglect or any agency of the federal government.

Child Abuse and Neglect Curriculum In Schools of Education

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Children's Bureau
National Center on Child Abuse and Neglect

DHHS Publication No. (OHDS) 81-30318

Issued June 1981

Introduction

Since 1962, when C. Henry Kempe coined the term "Battered Child Syndrome," child abuse and neglect has gained nationwide recognition, and in particular, the attention of medical, legal, educational, law enforcement, and mental health professionals. Though many gains have been made, much still remains to be accomplished in the identification, treatment, and prevention of child abuse and neglect.

Educators found—after the signing of the Child Abuse Prevention and Treatment Act (P.L. 93-247) by President Richard M. Nixon in 1974, and its amendment by Congress in 1978, under Title I (P.L. 95-266)—that their primary role involved the identifying and reporting aspects of abuse. *Even though teachers and other educational personnel have a legal and professional responsibility in reporting suspected cases of child abuse and neglect, they have not; and they are still not receiving sufficient training, at either the pre-service or inservice level, to adequately fulfill this responsibility.*

This report addresses this need by examining (1) the educator's professional responsibility in reporting suspected cases of child abuse and neglect, (2) the legal responsibility of educational personnel regarding this issue, and (3) a suggested course outline and bibliography for the inclusion of child abuse and neglect curriculum in post-secondary teacher education programs.

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Rationale For Inclusion of Child Abuse and Neglect Curriculum at the Post-Secondary Level

Professional Basis

Perhaps the basic and most fundamental professional reason for the inclusion of child abuse and neglect curriculum at the post-secondary level involves teacher competency, effectiveness, and sensitivity. In order to be effective, teachers should be sensitive to many forms of student diversity and knowledgeable in utilizing such diversity to maximize individual growth. They should be cognizant of the fact that student diversity is not only evident in the academic and intellectual areas, but in the emotional, social, individual, and physical realms as well. In short, they must realize that teacher effectiveness relates not only to understanding each child from an academic perspective, but knowing how to utilize those personality qualities and non-intellectual, individual differences in the most efficient and effective way to bring about growth and maturity.

Though teachers are sensitive to intellectual diversity, and are trained to deal with the intellectually bright, average, and below average student, they give far less attention and recognition to the role of psychological diversity among students, and its impact on educational growth. *In their preparation, they have been given minimal, if any formal attention to child abuse and neglect at either the undergraduate or graduate level in teacher training programs.* This is somewhat alarming, even though research has shown that abuse and neglect not only has a significant physical effect on the child, but also intellectual as well as emotional.

In light of the above, definite measures should be taken to correct this oversight. First, it is important that teachers be trained, at the pre-service and inservice levels, through formal casework and practicum experience in child abuse and neglect, in order to insure competency and effectiveness in the classroom. Second, teachers should become increasingly sensitive to the inter-relatedness of the various areas of development (i.e., physical, cognitive and emotional), and aware of how impairment or difficulty in one area (e.g., emotional) has a significant effect upon development in another (e.g., academic). Finally, it is important that teachers be trained to deal with the total child: intellectually, physically, and emotionally.

Legal Basis

Because child abuse and neglect was not traditionally thought to be a concern of the schools, it is only in the past few years, since 1974, that schol personnel have become legally responsible for reporting suspected cases of abuse and neglect. *With the enactment of federal and state laws and regulations, as well as local child abuse reporting policies and procedures, teachers and other school personnel including principals, counselors, nurses, custodians, bus drivers, secretaries and aides in day*

care, pre-school, elementary and secondary education settings are now required to report suspected cases of abuse and neglect in all fifty (50) states and the District of Columbia.

Because educators and other reporters (e.g., doctors, social workers, law enforcement personnel) fear liability if the report of suspected abuse or neglect proves to be unfounded, all fifty (50) states provide immunity from liability if the report is made in good faith, i.e., an honest belief that the child is being maltreated. On the other hand, at least thirty-six (36) states provide criminal and/or civil liability for failure to make a report.

Since child abuse and neglect statutes vary from state to state, the following chart* contains specific categories of reporting policies and procedures, and the number of states requiring teachers and other educational personnel to report.

CATEGORY	NUMBER OF STATES
What Elements of Child Abuse Must Be Reported:	
Non-accidental physical injury	50
Neglect	49
Sexual abuse	45
Emotional abuse	36
When Must Report Be Made:	
Immediately	35
Promptly	6
Soon	4
Longer	1
To Whom Must Report Be Made:	
Social Services	48
Court	1
Law Enforcement	21
Immunity for Good Faith	50
Penalty for Not Making a Report:	
Criminal	36
Civil	7

***Taken from** *Trends In Child Protection Laws—1979.* **Denver: Education Commission of the States, 1979.**

Course Outline

The following course outline is intended as a general guide to the introduction of child abuse and neglect curriculum at the post-secondary level in schools of education. It can be adapted as a one or two semester (15 week) or quarter (10 week) course, depending upon the particular school, and may be used in whole or part (e.g., individual sections as modules or one-hour seminars), modified and tailored to fit the individual needs of the instructor or department.

The course is divided into four major sections: (1) Nature of Abuse and Neglect, (2) Educators' Role, (3) Cross-Cultural Aspects, and (4) Practicum Experience.

Though the final organization, format, and content of the course is left to the individual needs and goals of the instructor and department, it is hoped that the four major sections of the course outline will be addressed in detail.

A list of references follows each of the major sections of the outline. Numbers following section topics correspond with the respective reference section. Primary sources are underlined, while secondary sources are not (e.g., 1,2,5,7,12,14).

SECTION I: Nature of Child Abuse and Neglect

A. Conceptualization (19, 20, 21)

1. Child abuse and neglect in relation to child development (19)

2. Aspects of the developmental framework/sequence—"pattern of sequential stages of interrelated physical, psychological, and social development in the process of maturation from infancy and total dependence to adulthood and relative independence" (13: p.7) (20: Chap. 1-8,13; 21)

   a. physical development—"deals with purposive action, goal-directed activity, choices, judgments, actions, e.g., walking, talking, working, overcoming obstacles, conversing with or entertaining a friend, selecting and buying a commercial product" (20: p.8)

   b. cognitive development—"deals with ideas, information processing, knowledge and reason, e.g., vocabulary and grammar, arithmetic, recognition of familiar people and places, knowledge of names or phone numbers, awareness of factual information about a commercial product" (20: p.8)

c. development of attitudes toward self—"interprets experiences and directs behavior with regard to these interpretations, e.g., regarding one's self as good or bad, capable or incapable, and acting accordingly" (20: p.8)

d. social/interpersonal development—"understanding others behavior and exchanging feelings and ideas with others, e.g, interpreting others' actions, sharing, reacting to others, and restricting behavior which infringes on others" (20: p.8)

3. Stages of development (20, 21)

a. birth and infancy (21: Chap. 2,3)

b. 1-3 years (toddler) (21: Chap. 4-7)

c. 3-5 years (pre-school yrs.) (21: Chap. 8-10)

d. 5-12 years (elementary school yrs.) (21: Chap. 11,12)

4. Developmental concepts (20, 21)

a. epigenesis—the emergence of new behavior as a product of physical constitution and environmental stimulation

b. differentiation and integration

c. maturity and immaturity

d. competence—"the capacity or ability to act effectively in the world and attain satisfaction of needs; competence included direction, selection and persistence activities" (20: p.513)

B. Historical overview (5,6,7,12,14,16)

1. History of child maltreatment prior to 1960.

2. "Battered Child Syndrome"—identified by Kempe in 1962; "describes a combination of physical and other signs indicating that a child's internal and/or external injuries result from acts committed by a parent or caretaker. In some states the battered child syndrome has been judicially recognized as an accepted medical diagnosis. Frequently this term is misused or misunderstood as the only type of child abuse and neglect."(13: p.4) (12)

3. Legal trends

a. 1963—first child abuse and neglect reporting laws passed

1) defined child abuse

2) identified professionals who had constant access to children

3) required that these professionals report suspected cases of child

abuse to a statewide agency that could make a complete investigation

b. 1967—child abuse and neglect statutes passed by all fifty (50) states

4. Federal government's role

   a. Child Abuse Prevention and Treatment Act (P.L. 93-247)

      1) defined child abuse and neglect as "physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child under the age of eighteen, by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened."

      2) signed by President Nixon in Jan. 1974

      3) allocated $85 million over a three year period for the identification, treatment and prevention of child abuse

      4) created the National Center on Child Abuse and Neglect (NCCAN) within the United States Children's Bureau (Dept. of Health, Education and Welfare)

      5) funded demonstration projects and programs throughout the country

      6) provided grants to states for child abuse and neglect prevention and treatment programs

   b. Federal Family Education Rights and Privacy Act (FFERPA) (Buckley Amendment)

5. State qualifications for funding under the Child Abuse Prevention and Treatment Act

   a. provision for the reporting of known and suspected instances of child abuse and neglect, including abuse and neglect of children in residential institutions

   b. enactment of a law giving immunity from prosecution to persons reporting child abuse and neglect

   c. provision that, upon receipt of a report, an investigation will be made promptly, and immediate steps taken to protect the child and any other child under the same care who may be in danger from abuse and neglect

   d. an effective State service delivery system to implement the state child abuse and neglect laws

   e. protection of the confidentiality of all child abuse and neglect records

f. provision for cooperation among law enforcement agencies, courts, and human service agencies in the area of child abuse and neglect

C. Forms (1,6,7,10,14,16,18,19,23,27)

1. Physical abuse—any non-accidental physical injury caused by the child's caretaker; an act of commission. "Abuse which results in physical injury, including fractures, burns, bruises, welts, cuts, and/or internal injuries. Physical abuse often occurs in the name of discipline or punishment, and ranges from a slap of the hand to use of objects such as straps, belts, kitchen utensils and pipes" (13: p.6) (28)

   a. Physical indicators
      1) bruises and welts
      2) burns
      3) fractures
      4) lacerations and abrasions

   b. Behavioral indicators
      1) wary of adult contact
      2) behavioral extremes, e.g., aggressiveness, withdrawal, etc.
      3) frightened of parents, etc.

2. Neglect—"refers to an act of omission, specifically the failure of a parent or other person legally responsible for a child's welfare to provide for the child's basic needs and proper level of care with respect to food, clothing, shelter, hygiene, medical attention, or supervision. Most states have neglect and/or dependency statutes; however, not all states require the reporting of neglect. While there is agreement that some parental care and supervision are essential, there is disagreement as to how much is necessary for a minimally acceptable environment. Severe neglect sometimes occurs because a parent is apathetic, impulse-ridden, mentally retarded, depressed, or psychotic." (13: p.6) (25,26)

   a. Physical indicators
      1) hunger
      2) lack of supervision
      3) unattended physical problems
      4) abandonment

   b. Behavioral indicators
      1) extended stays at school, e.g., early arrival, late departure, etc.
      2) fatigue, listlessness, falling asleep in class
      3) alcohol or drug abuse, etc.

c. Educational neglect—"Failure to provide for a child's cognitive development. This may include failure to conform to state legal requirements regarding school attendance." (13: p.6)

d. Medical neglect—"Failure to seek medical or dental treatment for a health problem or condition which, if untreated, could become severe enough to represent a danger to the child." (13: p.6)

e. Moral neglect—"Failure to give a child adequate guidance in developing positive social values, such as parents who allow or teach their children to steal." (13: p.6)

f. Psychological/emotional neglect—"Failure to provide the psychological nurturance necessary for a child's psychological growth and development. It is usually very difficult to prove the cause and effect relationship between the parent's unresponsiveness and lack of nurturance and the child's symptoms, and many states do not include psychological or emotional neglect in their reporting laws." (13: p.6)

3. Sexual abuse—any contact or interaction between a child and adult in which the child is being used for the sexual stimulation of the perpetrator or another person. "Abuse which results in any act of a sexual nature upon or with a child. Most states define any sexual involvement of a parent or caretaker with a child as a sexual act and therefore abuse. The most common form is incest between fathers and daughters." (13: p.6) (2,28)

   a. Physical indicators

      1) pain or itching in genital area
      2) veneral disease
      3) pregnancy, etc.

   b. Behavioral indicators

      1) unwilling to change for gym, or participate in physical education class
      2) bizarre, sophisticated or unusual sexual knowledge or behavior, etc.

4. Emotional abuse/maltreatment—blaming, belittling or rejecting a child; constantly treating siblings unequally; persistent lack of concern by the caretaker for the child's welfare. "Abuse which results in impaired psychological growth and development. Frequently occurs as verbal abuse or excessive demands on a child's performance and results in a negative self-image on the part of the child and disturbed child behavior. May occur with or without phsycial abuse. (13: p.6) (4)

a. Physical indicators
   1) speech disorders
   2) lags in physical development
   3) "Failure to Thrive Syndrome"—"A serious medical condition most often seen in children under one year of age. The child's height, weight, and motor development fall significantly short of the average growth rates of normal children. In about 10% of the cases, there is an organic cause such as serious heart, kidney, or intestinal disease, a genetic error of metabolism, or brain damage. All other cases are a result of a disturbed parent-child relationship manifested in severe physical and emotional neglect of the child." (33: p.16) (3,8)

b. Behavioral indicators
   1) habit disorders, e.g., sucking, biting, rocking
   2) conduct disorders, e.g., antisocial behavior, destructive behavior, etc.
   3) overly adaptive behavior, e.g., inappropriately adult, inappropriately child, etc.

D. Epidemiology (6,10,18,22,23,25)

1. Incidence and prevalence—it is conservatively estimated that at least one million children are abused or neglected in this country every year. As many as 2,000 die as a result of maltreatment. Of the one million, as many as 200,000 are physically abused and at least 100,000 are sexually abused. It is generally agreed that child neglect is four to five times more common than child abuse.

2. Demographic characteristics (22)
   a. Source of initial report of abuse and neglect (22: p.19)
   b. Relationship between perpetrators and victim children (- p.20)
   c. Characteristics of perpetrators (22: p.22-26)
      1) Ratio of father to mother perpetrators
      2) Age and sex of perpetrators
      3) Ethnicity of perpetrators
      4) Educational level of perpetrators
   d. Characteristics of involved children (22: p.27-29)
      1) Age and sex of involved children
      2) Special characteristics

e. Situational factors (22: p.29-33)

1) Parental composition of households
2) Number of children residing in the home
3) Family income
4) Stress factors present

f. Types of maltreatment (22: p.33-35)

g. Severity of maltreatment (22: p.35)

h. Services provided (22: p.36)

3. Problems in statistics and measurement of child abuse and neglect

a. Abuse and neglect occur in the privacy of the home

b. Laws and regulations vary from state to state

c. Abuse and neglect must first be reported before an investigation or treatment is undertaken

d. Lack of rate comparisons over time, since data collection is only a recent phenomenon (i.e., in the last 20 years).

E. Origin and Psychodynamic Bases (9,11,16,19,24,25,28)

1. Individual personality dynamics—"the total human being as an integrated whole, including those qualities which make him unique and unlike any other person, as well as those qualities which represent organized coherence uniting all aspects of his behavior and experience." (20: p.521)

a. Caretaker/perpetrator—low self-esteem, poor self-concept, lack of coping skills, low frustration tolerance

b. Child/victim—"The children who suffered maltreatment were of all ages and of both sexes. As a group, they did not seem to have any special characteristics that contributed toward their parents' maltreatment of them. The major form of maltreatment was deprivation of necessities, and only a small minority suffered major physical harm." (22: p.37)

2. Family dynamics—"because over 90 percent of the perpetrators were the children's own parents, child maltreatment is clearly a family problem. Examining the characteristics of these families revealed that in general they are poor, they are headed by parents with limited education, and they are subject to a number of stress factors, including broken family, insufficient income, inadequate housing, etc." (22: p.37) When families involved in abuse and those involved in neglect are viewed separately, two distinct profiles emerge. The overriding characteristic of neglectful families is lack of sufficient income. Further, almost half of these families are headed by a

mother figure only, and they tend to have more children than families involved in abuse. (- p.38) More of the abusive families had both parental figures present and perhaps consequently, had higher incomes. Stress factors characteristic of these families included lack of tolerance and loss of control during discipline, and a history of abuse as a child, among others. This suggests that problematic family dynamics play a greater part in families involved in abuse, whereas environmental stress seems to play a larger part in neglectful families. (- p.38)

a. Marital relationship
    1) degree of marital discord
    2) separation, divorce, etc.
b. Parent-child relationship—"Parents need to understand the level of maturity consistent with each stage of development and should not expect a child to display a level of maturity of which the child is incapable at a particular stage. Abusive or neglectful parents frequently impair a child's healthy growth and development because they do not understand child development or are otherwise unable to meet the child's physical, social, and psychological needs at a given stage or stages of development." (13: p.7)
    1) nature and form of discipline and punishment
    2) degree of love and hate
    3) degree of security and insecurity
    4) parental demands and expectations
    5) degree of individuation
    6) degree of symbiosis
c. Support systems
    1) relatives
    2) friends
    3) community services, etc.

3. Societal basis
    a. economic pressures
        1) employment
        2) family finances
    b. social pressures
        1) internal wants and desires vs. external demands and constraints
        2) real vs. ideal self-image
        3) conformity
    c. cultural pressures
        1) values
        2) customs, traditions, etc.
    d. historical role of children in society
        1) the child as a 'parental possession'
        2) rights, powers and privileges of parents

3) dependence and independence
4) development and recognition of childrens' rights
5) maltreatment and violence against children

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SECTION II: Educators' Role

A. Why educators are involved in the identification and reporting phase of child abuse and neglect (2-10,12,14,15,16,18,20,21,23,24,25,26,27)

1. Educators' unique, sustained daily contact with the child
2. Educators' awareness, sensitivity and understanding of the "total child"
3. Inter-relatedness of academic, emotional and physical development
4. Facilitation of the child's growth
5. Educators' professional perspective

B. Major steps in the resolution of a child abuse case (2-10,12,13,14,15,16,18,20, 23,24,25,26,27)

1. Identification and reporting (7,9,24,25)
2. Investigation
   a. diagnosis—has the child been abused?
   b. treatment plan—what are the treatment needs of the child and what provisions for treatment exist within the community?
   c. prognosis—what are the chances that treatment will be successful?
3. Intervention—voluntary or involuntary implementation of the treatment plan

C. Importance of the identification and reporting phase (2-10,12,13,14,15,16,18, 21,23,24,25,26,27)

1. Intervention and treatment cannot begin without report first being made
2. Educators' responsibility is only to report suspected cases
3. Proof is not required
4. Educators are not criminally or civilly liable once the report is made (50 states)
5. Educators are criminally and civilly liable for not reporting suspected cases (40 states)

D. Factors in a state's child protection statute (11,15,19,28)

1. What element(s) of child abuse must be reported
   a. non-accidental physical injury
   b. neglect
   c. sexual abuse
   d. emotional abuse/maltreatment

2. Who must report suspected cases of abuse
    a. doctors
    b. social workers
    c. teachers
    d. law enforcement

3. When must report be made
    a. immediately
    b. promptly
    c. soon
    d. longer

4. To whom must report be made
    a. social services
    b. court
    c. law enforcement

5. What form should report take
    a. oral
    b. written

6. What should be included in report
    a. child's name, age and address
    b. parent's name and address
    c. nature and extent of injury
    d. reporter's name and location

7. Immunity for good faith

8. Penalty for not making a mandated report
    a. criminal
    b. civil

9. Child protection team

10. Abrogation of privileged communication
    a. husband

b. doctor

c. all but attorney/client

11. Photographs and X-rays

12. Temporary protective custody—emergency removal

13. Central registry

14. Guardian ad Litem/counsel

15. Public education

E. Inter-agency communication and cooperation (15, 17, 22). Since child abuse and neglect is a multidisciplinary multi-faceted problem, inter-agency organzation and coordination of services are imperative.

1. Schools
2. Hospitals
3. Law enforcement
4. Judicial system/courts
5. Dept. of social services
6. Community agencies

F. Fostering Inter-disciplinary cooperation. Educators can provide preservice and inservice training for professionals, including social workers, mental health workers, police officers and all school personnel.

G. Guidelines for the development of child protection policy.

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SECTION III: Cross Cultural-Aspects

A. Nature of cultural differences (1,14,15,18,24,28)

1. Racial and ethnic groups (1,14,18)

2. Components of culture—"the overall collection of both tangible products of collective human life, such as tools, artifacts, language, literature, laws, beliefs, customs and values." (35: p.514)

   a. history (16)

   b. language

   c. traditions, customs, social mores, etc.

B. Inter-racial dynamics and concepts (1,6,11,14,19,24,41,42,45,47)

1. Racism (1,11,25)

   a. forms, levels and types

   b. processes, mechanisms and manifestations

   c. effects

      1) superiority and inferiority

      2) self-hate

      3) stereotyping, etc.

2. Prejudice—"an antipathy based upon a faulty and inflexible generalization; it may be felt or expressed; it may be directed towards a group as a whole or towards an individual because he is a member of that group. The net effect of prejudice is to place the object at some disadvantage not merited by his own misconduct." (1: p.10) (1,6)

   a. antilocution
   b. avoidance
   c. discrimination
   d. physical attack
   e. extermination

C. Cultural norms and standards (2,3,5,7,8,9,10,13,14,15,19,20,23,24,26,28,29, 30,31,32,34,38,41,43,44,45,46,47)

1. Relation to pathology/deviance

   a. normal vs. abnormal behavior—"a concept representing a summary of what is typical for a group of people. Normality refers to common, typical, or consensual patterns; abnormality refers to rare, atypical, or unusual patterns. Normality does not necessarily represent an ideal, and thus cannot ordinarily be used as a simple index of good or bad behavior. (35: p.520–521)
   b. societal vs. cultural definitions
   c. adaptive vs. maladaptive behavior within a cultural context

2. Assimilation and acculturation

D. Child rearing practices among different ethnic groups (2,3,4,5,10,12,15,17,19, 20,21,22,24,26,28,29,30,31,34,37,38,39,40,41,44,46,48,49)

1. Function of the family

2. Family roles

   a. father
   b. mother
   c. child

3. Importance of the extended family

   a. relatives
   b. friends, etc.

4. Family dynamics

E. Importance of recognizing, understanding, utilizing, preserving, maintaining and enhancing cultural differences (7,8,9,10,11,19,21,24,27,32,36,45,46,47)

1. Taking the "total child" into account

2. Differing frames of reference

3. Development of a positive individual identity and group identity

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SECTION IV: Practicum Experience

A. Significance of an experiential component (1,7,8,9,11)

1. Increased sensitivity, knowledge and understanding of abuse and neglect
2. Improved recognition of signs/symptoms of abuse and neglect
3. Increased understanding of the entire process from identification and reporting through termination and follow-up
4. Integration of classroom material with what is going on in the field
5. Ability to field-test classroom information
6. Ability to have direct contact with abused children and abusing parents
7. Increased understanding of the multiple effects of abuse and neglect on the "total child"
8. Allayed anxiety and discomfort concerning abuse and neglect

B. Possible format of practicum (2,3,9,10)

1. Inter-agency visitation
2. Short-term placement in a specific agency/program

C. Potential agencies/programs (2,3,4,5,6,7,8,9,10,11,12)

1. Schools
2. Hospitals
3. Law enforcement agencies
4. Juvenile courts
5. Dept. of social services
6. Community services
   a. family services
   b. services for children
7. Mental Health Centers
8. Head Start programs
9. Foster care programs
10. Child health care agencies/programs
11. Child guidance clinics

12. Child abuse and neglect agencies
13. Child abuse and neglect treatment programs
14. Child abuse and neglect research projects
15. Child abuse hotlines

D. Agency/Program evaluation

1. Analysis and recommendations
2. Group discussion

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